

COVID-19:

When to quarantine.

Stop the spread.

Keep your family safe.



What is COVID-19?

COVID-19 is a contagious respiratory illness caused by a new coronavirus called SARS-CoV-2. People with COVID-19 sometimes have a cough, fever, feel like it's hard to breathe, or even lose their sense of taste or smell. Other symptoms include congestion or runny nose, diarrhea, headache, nausea or vomiting, muscle pain or fatigue, sore throat or chills. Symptoms range from mild to severe and may appear 2-14 days after exposure. People who have tested positive for COVID-19 do not need to quarantine or get tested again for up to 3 months as long as they do not develop symptoms again. People who develop symptoms again within 3 months of their first bout of COVID-19 may need to be tested again if there is no other cause identified for their symptoms.



Who should quarantine?

If you or a member of your family has been in close contact (within 6 feet for of more than 15 minutes over a 24-hour period, even if you are wearing a mask to lower your risk of infection) with someone who has COVID-19, you should quarantine. Quarantine helps prevent spread of disease that can happen before a person knows they are sick or if they are infected with the virus without feeling symptoms. People in quarantine should stay home, separate themselves from others and monitor their health. You should also quarantine if you provided care at home to someone who is sick with COVID-19, had direct physical contact with the person (hugged or kissed them), shared eating or drinking utensils or if someone you know with COVID-19 sneezed, coughed, or somehow got respiratory droplets on you. If you are symptomatic or waiting for a test result, you and other members of your household should quarantine.



Why quarantine?

Quarantine helps prevent spread of disease that can happen before a person knows they are sick or if they are infected with the virus without feeling symptoms. People in quarantine should stay home, separate themselves from others and monitor their health.



How to quarantine:

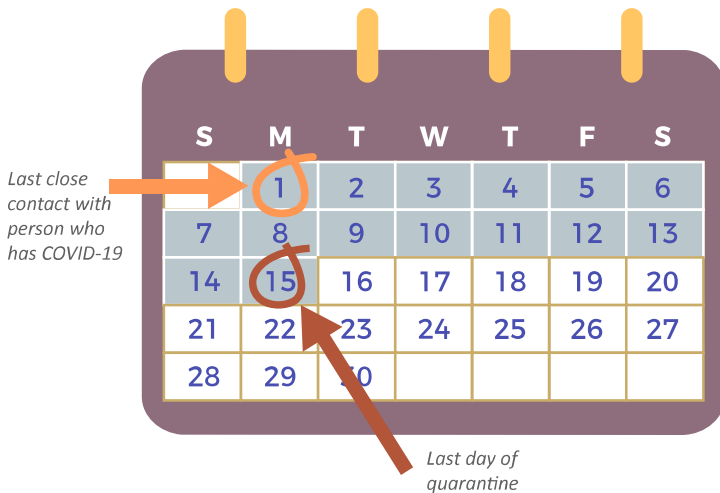
- Stay home from work or school, even if you feel healthy.
 - Answer the call from the Indiana Centralized Contact Tracing Program to help prevent the further spread of disease. The text will come from **877-548-3444**. You'll then receive a call from a contact tracer. The number on the caller ID will show as **833-670-0067** or may display as **"IN Health COVID"** if your carrier allows it.
 - Wash your hands.
 - Stay separate from others as much as possible, including siblings.
 - Don't share personal items, such as silverware or glasses with anyone in your house.
- Use a different bathroom if you have one.
 - Wear a cloth face covering if you must be around others.
 - Get tested. Please stay home and quarantine as much as possible while waiting for test results. If test is positive, follow isolation guidelines. If test is negative, finish 14-day quarantine.
 - Watch for signs that you are sick, like a cough, fever or a headache, and other symptoms. Take your temperature twice a day and log with other symptoms on COVID-19 Symptom Tracker (on page 3).
 - Complete your quarantine, even if your results are negative, before going to work or being around others.

When is my home quarantine over?

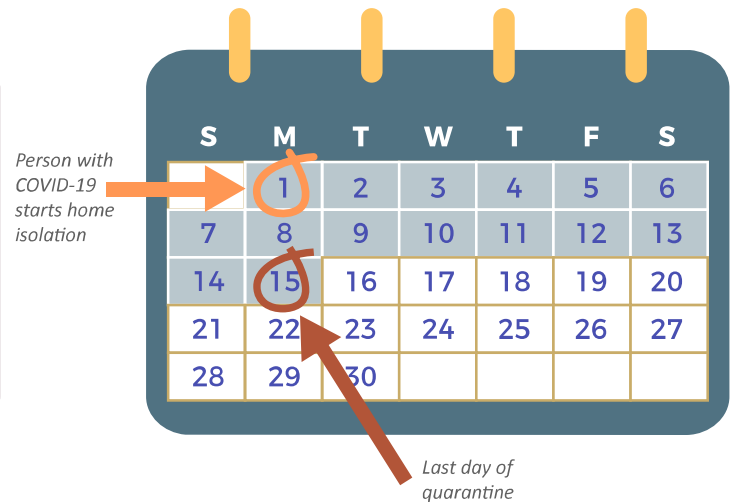
You can end quarantine 14 days after your last close contact (closer than 6 feet for longer than 15 minutes) with someone who has COVID-19.

Quarantine scenarios:

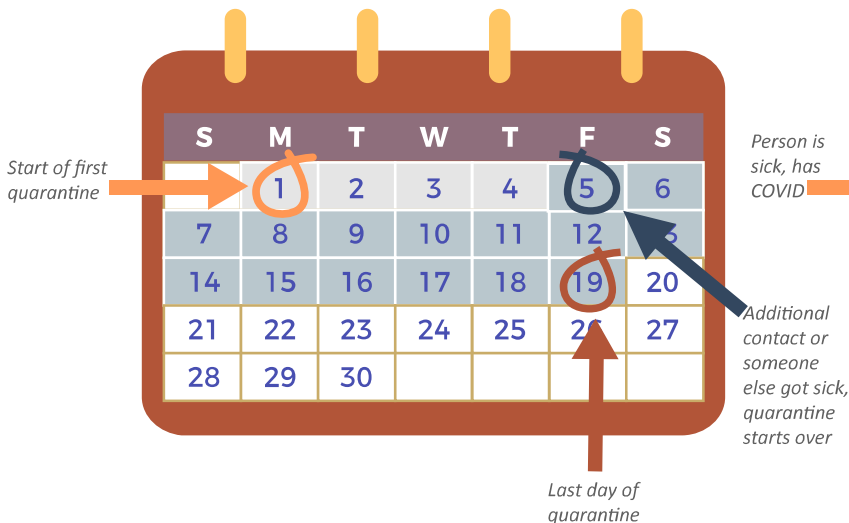
I had close contact with someone who has COVID-19—will not have further close contact



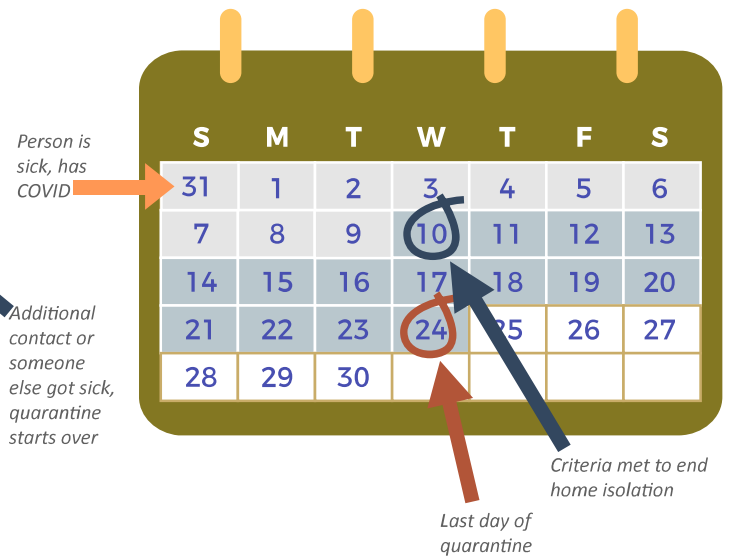
I had close contact with someone who has COVID-19—live with the person but can avoid further close contact



I am under quarantine and had additional close contact with someone who has COVID-19.



I live with someone who has COVID-19 and cannot avoid continued close contact.



14-day Fever and Symptom Tracker - COVID-19

| | | | | | |
|-------------------------|--|----------------------------|--|--|--|
| Name | | Age (years) | | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Street Address | | City | | State | |
| Local Health Department | | Telephone Number – Daytime | | Telephone Number – After hours | |
| Your Telephone Number | | | | | |

Put the **current date** in the space provided for the next 14 days. Take your temperature twice a day; **once in the morning (a.m.) and once in the evening (p.m.)**, circle **Yes** or **No** if you have fever or are feverish, then write your temperature in the space.

Circle **Yes** or **No** - If you have a cough, sore throat, or shortness of breath for each day.

Do not leave any spaces blank. If you have a fever or any symptom, immediately call your doctor.

| Date (month/day) (Days 1-14) | Feverish? | Temperature Morning (a.m.) | Temperature Evening (p.m.) | Cough | Sore Throat | Shortness of Breath | Other Symptoms |
|---------------------------------|-----------|-------------------------------|-------------------------------|----------|----------------|------------------------|----------------|
| 1 | Yes / No | °C / °F | °C / °F | Yes / No | Yes / No | Yes / No | |
| 2 | Yes / No | °C / °F | °C / °F | Yes / No | Yes / No | Yes / No | |
| 3 | Yes / No | °C / °F | °C / °F | Yes / No | Yes / No | Yes / No | |
| 4 | Yes / No | °C / °F | °C / °F | Yes / No | Yes / No | Yes / No | |
| 5 | Yes / No | °C / °F | °C / °F | Yes / No | Yes / No | Yes / No | |
| 6 | Yes / No | °C / °F | °C / °F | Yes / No | Yes / No | Yes / No | |
| 7 | Yes / No | °C / °F | °C / °F | Yes / No | Yes / No | Yes / No | |
| 8 | Yes / No | °C / °F | °C / °F | Yes / No | Yes / No | Yes / No | |
| 9 | Yes / No | °C / °F | °C / °F | Yes / No | Yes / No | Yes / No | |
| 10 | Yes / No | °C / °F | °C / °F | Yes / No | Yes / No | Yes / No | |
| 11 | Yes / No | °C / °F | °C / °F | Yes / No | Yes / No | Yes / No | |
| 12 | Yes / No | °C / °F | °C / °F | Yes / No | Yes / No | Yes / No | |
| 13 | Yes / No | °C / °F | °C / °F | Yes / No | Yes / No | Yes / No | |
| 14 | Yes / No | °C / °F | °C / °F | Yes / No | Yes / No | Yes / No | |